

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5237

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE
FIRST MI
Melissa
LAST SUFFIX
Goodwin

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
812 San Antonio
Austin Tx 78701

Change of Address

Date Hand Delivered For Data Postmarked

5 CAMPAIGN TREASURER NAME

TITLE
FIRST MI
Grant
LAST SUFFIX
Goodwin

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
812 San Antonio
Austin Tx 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 736-4339

8 REPORT TYPE

January 15 15th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year
9 / 27 / 02 THROUGH Month Day Year
10 / 26 / 02

10 ELECTION

ELECTION DATE
Month Day Year
11 / 5 / 02
ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

J.P. 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 60⁻

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2470⁻

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

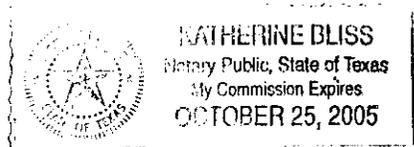
\$ 8211.18

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,300

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melissa Goodwin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Goodwin, this the 28th day of October, 20 07, to certify which, witness my hand and seal of office.

Katherine Bliss
Signature of officer administering oath

Katherine Bliss
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **2 of 2**

2 FILER NAME **Melissa Goodwin**

3 ACCOUNT # (Ethics Commission filers)

4 Date **10.8.02**

5 Full name of contributor out-of-state PAC (ID#) **Founders Vision PAC**

7 Amount of contribution (\$) **250**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**18022 Neworange Dr
Pflugville Tx 78660**

9 Principal occupation (Optional)

10 Employer (Optional)

Date **10.8.02**

Full name of contributor out-of-state PAC (ID#) **NWARW PAC**

Amount of contribution (\$) **250**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6211 Augusta Nat'l
Austin TX 78746**

Principal occupation (Optional)

Employer (Optional)

Date **10.9.02**

Full name of contributor out-of-state PAC (ID#) **Eileen Stephens**

Amount of contribution (\$) **100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**509 Explorer
Austin TX 78734**

Principal occupation (Optional)

Employer (Optional)

Date **10.9.30.02**

Full name of contributor out-of-state PAC (ID#) **Custom Typesetting & Design/Janice Bergman**

Amount of contribution (\$) **75**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4703 Convict Hill
Austin TX 78749**

Artwork

Principal occupation (Optional)

Employer (Optional)

Date **10.20.02**

Full name of contributor out-of-state PAC (ID#) **LTRPAC**

Amount of contribution (\$) **1000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**PO Box 340033
Austin TX 78734**

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages of this Schedule A1:

2 of 3

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-21-02

5 Full name of contributor out-of-state PAC (ID#)

Travis Rep Women

6 Contributor address; City; State; Zip Code

703 Pressler
Austin TX 78703

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-21-02

Full name of contributor out-of-state PAC (ID#)

Jody Summs

Contributor address; City; State; Zip Code

812 San Antonio, Suite 110
Austin TX 78701

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-19-02

Full name of contributor out-of-state PAC (ID#)

Cerald Daugherty

Contributor address; City; State; Zip Code

1403 Club Ridge
Austin TX 78735

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

0-21-02

Full name of contributor out-of-state PAC (ID#)

Carl Suttler

Contributor address; City; State; Zip Code

2602 Foxglen
Austin TX 78704

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

0-24-02

Full name of contributor out-of-state PAC (ID#)

Cmee to Elect B. Burtan, Todd Baxter, et al

Contributor address; City; State; Zip Code

7801 N Lamar Suite 4114
Austin TX 78752

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:
1

2 FILER NAME *Melissa Goodwin* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan *10/22/02* 7 Name of lender *Grant Goodwin* out-of-state PAC (ID# _____) 9 Loan Amount (\$) *6000*

6 Is lender a financial Institution? *Y* 8 Lender address; City; State; Zip Code *9856 Weir Loop Austin Tx 78736* 10 Interest rate *—*

11 Maturity date *—*

12 Description of Collateral
 none

13 GUARANTOR INFORMATION 14 Name of guarantor 16 Amount Guaranteed (\$) *—*
 not applicable 15 Guarantor address; City; State; Zip Code

17 Principal Occupation *attly* 18 Employer *self*

Date of loan _____ Name of lender _____ out-of-state PAC (ID# _____) Loan Amount (\$) _____

Is lender a financial Institution? *Y* Lender address; City; State; Zip Code _____ Interest rate _____

Maturity date _____

Description of Collateral
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) _____
 not applicable Guarantor address; City; State; Zip Code

Principal Occupation _____ Employer _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages, Schedule F:
1 of 3

2 FILER NAME
Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date
10.4.02

5 Payee name
ABPC
6 Payee address; City; State; Zip Code
P.O. Box 9130
Austin TX 78766 9130

7 Amount (\$)
25-

8 Purpose of payment (See instructions regarding type of information required.)
dinner

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10.4.02

Payee name
WIB Communications
Payee address; City; State; Zip Code
5604 SW Pkwy #1414
Austin TX 78735

Amount (\$)
600-

Purpose of payment (See instructions regarding type of information required.)
consultation

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10.13.02

Payee name
Office Dept
Payee address; City; State; Zip Code
5300 Mopac Expwy So 101
Austin TX 78749

Amount (\$)
11743

Purpose of payment (See instructions regarding type of information required.)
Stamp / Maps

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10.19.02

Payee name
Austin Blue Bonnet Pachyderms
Payee address; City; State; Zip Code
P.O. Box 9130
Austin TX 78766 9130

Amount (\$)
80

Purpose of payment (See instructions regarding type of information required.)
dinner & dues

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F
24-3

2 FILER NAME Melissa Goodwin 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/20/02</u>	5 Payee name <u>Oak Hill Gazette</u>	7 Amount (\$) <u>329.00</u>
6 Payee address; City; State; Zip Code <u>7200 B Hwy 71 Austin TX 78735</u>		

8 Purpose of payment (See instructions regarding type of information required.) Ad

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <u>10/22/02</u>	Payee name <u>U.S. Postmaster</u>	Amount (\$) <u>589.36</u>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) postage

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <u>10/22/02</u>	Payee name <u>Paragon Printing</u>	Amount (\$) <u>1050--</u>
Payee address; City; State; Zip Code <u>11582 McCalla Austin TX 78759</u>		

Purpose of payment (See instructions regarding type of information required.) Sorting / Labeling

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <u>10/25/02</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>61.80</u>
Payee address; City; State; Zip Code <u>5300 Mopac Expwy So. 101 Austin TX 78747</u>		

Purpose of payment (See instructions regarding type of information required.) Labels

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule E:

2 **FILER NAME** 3 **ACCOUNT #** (Ethics Commission filers)

4 **TOTAL OF UNITEMIZED LOANS:** ↕ ↕ ↕ ↕ ↕ ↕ \$

5 **Date of loan** 7 **Name of lender** out-of-state PAC (ID# _____) 9 **Loan Amount (\$)**

6 **Is lender a financial Institution?** 8 **Lender address; City; State; Zip Code** 10 **Interest rate**
 Y N 11 **Maturity date**

12 **Description of Collateral**
 none

13 **GUARANTOR INFORMATION** 14 **Name of guarantor** 16 **Amount Guaranteed (\$)**
 not applicable 15 **Guarantor address; City; State; Zip Code**

17 **Principal Occupation** 18 **Employer**

Date of loan **Name of lender** out-of-state PAC (ID# _____) **Loan Amount (\$)**

Is lender a financial Institution? **Lender address; City; State; Zip Code** **Interest rate**
 Y N **Maturity date**

Description of Collateral
 none

GUARANTOR INFORMATION **Name of guarantor** **Amount Guaranteed (\$)**
 not applicable **Guarantor address; City; State; Zip Code**

Principal Occupation **Employer**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5 of 3**

2 FILER NAME

Melissa Goodman

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/02

5 Payee name

Crocket Center

7 Amount (\$)

8.75

6 Payee address; City; State; Zip Code

*6301 Hwy 290 E.
Austin TX 78723*

8 Purpose of payment (See instructions regarding type of information required.)

equip rental

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/25/02

Payee name

Travis Co. Clerk

Amount (\$)

5-

Payee address; City; State; Zip Code

*P.O. Box 1748
Austin TX 78767*

Purpose of payment (See instructions regarding type of information required.)

returns

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **121**

2 FILER NAME

Melissa Goodwin

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-3-02

5 Payee name

Home Depot

6 Payee address; City; State; Zip Code

8 Amount (\$)

60-

7 Purpose of expenditure (See instructions regarding type of information required.)

lumber

Reimbursement from political contributions intended

Date

10-4-02

Payee name

WIB Communical

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Melissa Godwin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>N/A</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K.
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED